

**CLAIMS ONLY**

**Application Number**

**Filing Date**

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT				
	Indep	Depend	Indep	Depend	Indep	Depend			
1			/				51		
2				/			52		
3				/			53		
4				/			54		
5				/			55		
6				/			56		
7				/			57		
8				/			58		
9				/			59		
10			/				60		
11							61		
12							62		
13							63		
14							64		
15							65		
16							66		
17				/			67		
18				/			68		
19				/			69		
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42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
Total Indep			2				Total Indep		
Total Depend			12				Total Depend		
Total Claims			14				Total Claims		